DO NOT DETACH

PLEASE TYPE OR	PRINT	Entered pre	vious May Show
		(IV) yes	no 🗆
Ms.	, ,	1	
☐ Mr. Artist Rol	perta l	Villiams	
Permanent		4	(Last Name Last)
Address 140	Mannir	ig Dr	Berea
Street	T. (.)	11 11	Q 2 City
44017 Street		234- 4	011
Zip	Area Code		
Temporary or Studio Address	SAME		
Stree Street			City
	Tel. ()		
Zip	Area Code		
If you do not presen Western Reserve, wh			
Collaborator			
Condition	(If Any)		
If May Show entries	are not acce	epted or not s	sold:
Artist will pick			
☐ Museum should	dispose of.		
☐ Museum should		t C.O.D. at th	nis address:
Special Instructions	NI H	NV 364	092 -
When necessary incl			
how the object is to			
LIONA THE OPICET 12 TO	ne assemble	a and display	cu.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 30, 1982.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Roberta Williamson

REJECTED

1982 MAY SHOW The Cleveland Museum of Art Cleveland, Ohio 44106



	Rober	ta i	Willi	ams	oh	
Name						
	140	Mai	nning	Dr		
Address						
	Berei	a	Oh		44017	
City & State					Zip	

☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography

Title

Arc form

ACCEPTED REJECTED

DO NOT DETACH

☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography

☐ 4. Sculpture ☑ 5. Crafts

Title

Untitled - Neck piece

ACCEPTED REJECTED

DO NOT DETACH